

STATE OF SOUTH CAROLINA

(Caption of Case)

Application of MBM Moving Systems, LLC for a
Class E Certificate of Public Convenience and
Necessity

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2009 - ____ - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: John J. Pringle, Jr.

Telephone: 803/343-1270

Address: Ellis, Lawhorne & Sims, PA

Fax: 803/799-8479

P.O. Box 2285

Other:

Columbia SC 29202

Email: jpringle@ellislawhorne.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate Increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

ELLIS:LAWHORNE

John J. Pringle, Jr.
Ddirect dial: 803/343-1270
jpringle@ellislawhorne.com

April 7, 2009

VIA ELECTRONIC MAIL SERVICE

The Honorable Charles L. A. Terreni
Chief Clerk
SC Public Service Commission
P.O. Drawer 11649
Columbia, SC 29211

RE: Application of MBM Moving Systems, LLC for a Class E
Certificate of Public Convenience and Necessity
Docket No. 2009-____-T, Our File No. 1894-11636

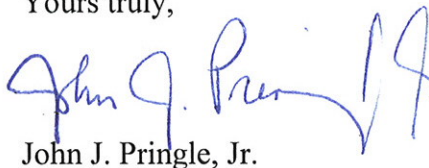
Dear Mr. Terreni:

Enclosed is the **Application** filed on behalf of MBM Moving Systems, LLC
("MBM") in the above-referenced matter.

If you have any questions or need additional information, please do not hesitate to
contact me.

With kind regards, I am

Yours truly,



John J. Pringle, Jr.

Enclosure (as stated)

JJP/cr

cc: Office of Regulatory Staff (via electronic mail service)
Mr. Danny Mitchell (via electronic mail service)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

CLASS E (HHG)DATE March 9, 20 009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

MBM MOVING SYSTEMS LLC

2. (a) Street Address of Applicant 718 Creek Ridge Road

Greensboro NC 27406

- (b) Mailing address, if different from street address P.O. Box 16204

Greensboro NC 27416

- (c) Telephone Number 336-323-6683

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
(b) If a corporation, names and addresses of two principal officers will be sufficient.

Anna DiSorbo 718 Creek Ridge Road, Greensboro NC 27406

Matthew Moran, 718 Creek Ridge Road, Greensboro NC 27406

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
(b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. Household Goods Statewide
7. The proposed list of equipment is as per Exhibit "D" included herewith.
See attached equipment list
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only x (b) Interstate Only _____
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state?
Yes x No _____ (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes x No _____ (Check one).
If yes, list dates and nature of convictions below.
2/11/09 No PSC Class E Certificate
12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes _____ No x (Check one).
If yes, list dates and reason for revocation below.



State of North Carolina
Utilities Commission

4325 Mail Service Center
Raleigh, NC 27699-4325

COMMISSIONERS
EDWARD S. FINLEY, JR., Chairman
ROBERT V. OWENS, JR.
LORINZO L. JOYNER

COMMISSIONERS
HOWARD N. LEE
WILLIAM T. CULPEPPER, III
BRYAN E. BEATTY
SUSAN W. RABON

March 23, 2009

State of South Carolina Employee:

This letter, written at the request of Matthew Moran of MBM Moving Systems, LLC, is to inform you that MBM Moving Systems, LLC is a certified household goods mover in North Carolina in good standing.

Please contact me at 919-733-4036 if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Ramaekers".

Bruce Ramaekers
Transportation Utilities Analyst

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MBM MOVING SYSTEMS, LLC, A Limited Liability Company duly organized under the laws of the State of NORTH CAROLINA, and issued a certificate of authority to transact business in South Carolina on March 17th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
17th day of March, 2009.

A handwritten signature in black ink, reading 'Mark Hammond' in a cursive script.

Mark Hammond, Secretary of State

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: January **Year:** 2009

Assets:	
Cash	\$51,059
Receivables	\$800,545
Real Estate	-0-
Buildings and Equipment-Net	\$16,320
Motor Vehicles-Net	-0-
Garage Equipment-Net	-0-
Machinery and Tools-Net	-0-
Supplies on Hand	-0-
Prepays and Other Assets	\$78,044
Total Assets	\$945,968
Liabilities and Equity:	
Accounts Payable	\$152,310
Notes Payable	\$636,216
Mortgages Payable	-0-
Equipment Obligations	-0-
Accrued Salaries and Wages	\$25,325
Other Accrued Obligations	\$27,856
Other Liabilities	-0-
Total Liabilities	\$841,707
Capital Stock	-0-
Retained Earnings	\$104,261
Total Equity	\$104,261
Total Liabilities and Equity	\$945,968

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,]

COUNTY OF _____]

I, Matthew Moran, _____ Manager

(Name of Applicant's Representative) (Title)
of MBM MOVING SYSTEMS LLC, the Applicant for the Certificate of Public Convenience and Necessity as
(Applicant)

set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 27th day of March 2009]

Vicki L. Carver/Vicki L. Carver]

(Notary Public)

Commission Expires: 08-18-13


(Signature of Applicant's Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211**

MBM Moving Systems, LLC

(APPLICANT)

718 Creek Ridge Road, Greensboro, NC 27406

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

The Company plans to join the Tariff Bureau.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**Post Office Drawer 11649
Columbia, South Carolina 29211**

MBM MOVING SYSTEMS LLC

(Name)

718 Creek Ridge Road, Greensboro NC 27406

(Address)

Over Irregular Routes: Statewide

Commodities to be Transported: Household Goods

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail) Statewide

Matthew Moran

(Applicant)

Date: 3/9/2009

By

Manager

Title

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

- Seats if passenger carrier or tonnage if freight carrier.

MBM MOVING SYSTEMS LLC

(Applicant)

Date: 3/9/2009

(Applicant's Representative)

Manager

(Title)

Make/Model	Type	Year	Complete VIN#	Unladen	GVW
1995 International Straight 26' Lift	Straight	95	1HTSCABM2SH674728	11500	26000
1995 International Straight Truck - 35'	Straight	95	1HTSDAAN9SH605705	12500	33000
1992 International Straight 24' Lift	Straight	92	1HTSDPPNXNH440522	12500	33000
1993 International Straight 24' Lift	Straight	93	1HTSDPPN3PH544448	12500	33000
1999 International 4900 Chassis	Straight	99	1HTSDAAL3XH684911	11500	26000
1996 International Straight Truck - 35'	Straight	96	1HTSDAAL5TH283418	12500	33000
2006 International Single Axle Furniture Van	Straight	06	1HTMKAANX6H221145	12500	33000
1998 GMC Straight Truck	Straight	98	1GDJ7H1C6WJ512318	11500	26000
1992 GMC Straight Truck	Straight	92	1GDJ6H1P7NJ508511	11500	26000
1997 International Straight Truck	Straight	97	1HTSCAAM0VH492614	11500	26000
2005 Columbia Freightliner Tractor	Tractor	05	1FUJA6CKX5LN39709	17500	80000
2005 Columbia Freightliner Tractor	Tractor	05	1FUJA6CK55LN39729	17500	80000
1997 Freightliner Single Axle Tractor	Tractor	97	1FUWDZYB8VL660407	16500	54999
2005 Freightliner CL12064ST Tractor	Tractor	05	1FUJA6CK85LU14482	17500	80000
2005 Freightliner CL12064ST Tractor	Tractor	05	1FUJA6CK35DU20524	17500	80000
2004 Columbia Freightliner Tractor	Tractor	04	1FUJA6CG74LM11082	17500	80000
2000 Freightliner Tractor	Tractor	00	1FUYS DYB5YPB36892	17500	80000
1992 Freightliner Tractor	Tractor	92	1FMPDSEBINH469432	17500	80000
2002 Freightliner Tractor	Tractor	02	1FUJBBCG02LJ62885	17500	80000
1985 Strict Trailer 28' Lift	Trailer	85	1S11E828F6FE264014	9500	30000
1992 Wabash Trailer 53'	Trailer	92	1JJV532V2NL170682	11500	50000
1998 Kentucky Trailer 53'	Trailer	98	1KKVE532OWL111081	11500	50000
1993 Great Dane Trailer 48' Lift	Trailer	93	1GRAA9025PS025701	11000	50000
1999 Utility Trailer	Trailer	99	1UYFS2535XA670801	10000	50000
1983 Frue Trailer	Trailer	83	1H2V04821DB007141	10000	50000
1986 Storage Trailer 48"	Trailer	86	1DW1A4820GS508122	11000	50000
1994 Utility Trailer 53'	Trailer	94	1UYVS2532RC315507	11500	50000
1994 Utility Trailer 53'	Trailer	94	1UYVS2533RC315516	11500	50000
1994 Utility Trailer 53'	Trailer	94	1UYVS2536RC315526	11500	50000
1995 Monon Trailer 53'	Trailer	95	1NNVX5325SM215835	11500	50000
1993 Kentucky Trailer 53'	Trailer	93	1KKVE4827PL095899	11500	50000
1994 Kentucky Trailer 53'	Trailer	94	1KKVE5321RL099088	11500	50000
1998 Kentucky Trailer 53'	Trailer	98	1KKVE5320WL113316	11500	50000
1996 Monon Trailer 53'	Trailer	96	1NNVX5329TM274176	11500	50000
1996 Monon Trailer 53'	Trailer	96	1NNVX5327TM273933	11500	50000
2000 Kent Trailer	Trailer	00	1KKVE5324YL200039	11000	50000
1991 Ford 10' Cargo Van	Van	91	1FTJE34H9MHA90733		
1998 Wabash Trailer 50'	Trailer	98	1JJV502W5WL465087	11000	50000

Trailer GVW are approximate

INSURANCE QUOTE

The following insurance quote is for:

MBM MOVING SYSTEMS, LLC

(Name of Motor Carrier)

718 CREEK RIDGE ROAD, GREENSBORO, NC 27406

(Address of Motor Carrier)

Amount of Premium:**Limits Quoted (See Below):**

Liability Insurance \$ _____ Limits \$1,000,000

Cargo Insurance \$ _____ Limits \$250,000

*** Attach Certificate of Insurance if available.**

VANLINER INSURANCE COMPANY

(Insurance Company Name)

P.O. BOX 26352, FENTON, MO 63026

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

03/23/09

Date


(Authorized Insurance Company Representative)

***** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website (regulatorystaff.sc.gov).**

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2009

PRODUCER

BALUJA & ASSOCIATES, INC.
P.O. BOX 297498
PEMBROKE PINES, FL 33029-7498
(TRANSPROTECTION SERVICE COMPANY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

MBM MOVING SYSTEMS, LLC
CHAMP SERVICES, LLC
718 CREEK RIDGE ROAD
GREENSBORO, NC 27406
336-323-6683

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: VANLINER INSURANCE COMPANY
INSURER B: MARKEL INSURANCE COMPANY
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
B		GENERAL LIABILITY	8502NP312777-0	04/28/08	04/28/09	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE	\$ 2,000,000				
		PRODUCTS - COM/OP AGG	\$ 2,000,000				
A		AUTOMOBILE LIABILITY	TRV5154000-00	04/28/08	04/28/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)				\$	
	<input type="checkbox"/> ALLOWED AUTOS	BODILY INJURY (Per accident)				\$	
	<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)				\$	
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCV5154000-00	04/28/08	04/28/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT				\$ 500,000	
	If yes, describe under SPECIAL PROVISIONS below	E.L. DISEASE - EA EMPLOYEE				\$ 500,000	
		E.L. DISEASE - POLICY LIMIT				\$ 500,000	
A		OTHER	CGV5154000-00	04/28/08	04/28/09	PER TRUCK:	\$250,000
	CARRIER/WAREHOUSE	PER OCCURRENCE:				\$400,000	
	LEGAL LIABILITY	WAREHOUSE:				\$1,150,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

MOVING & STORAGE COMPANY

CERTIFICATE HOLDER

PUBLIC SERVICE COMMISSION OF S.C.
POST OFFICE DRAW 11649
COLUMBIA, SC 29211

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL N/A DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

EXHIBIT FWA

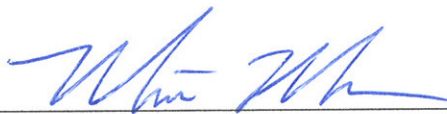
Name: MBM MOVING SYSTEMS LLC

Address: 718 Creek Ridge Road Greensboro NC 27406

Telephone No. 336-323-6683 **Fax No.** 336-323-2800

U.S.D.O.T. No. 1757726 **ICC No.** 642834

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?
Yes _____ No X Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
Yes X No _____
3. Are there currently any outstanding judgement(s) against Applicant?
Yes _____ No X
(If "yes", indicate nature of judgement(s).)
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?
Yes X No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
Yes X No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)



(Applicant's Signature)

Sworn to before me

This 26th day of March, 2009

Vicki L. Carver / Vicki L. Carver
(Notary Public)

Commission Expires: 08-18-13

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

MBM MOVING SYSTEMS LLC

(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Matthew Moran, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

this 26th day of March 20 09
Vicki L. Carner

Notary Public


Signature of Applicant
(Not Legal Representative)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DOCKETING DEPARTMENT

NOTICE OF FILING

DOCKET NO. 2009-_____-T

Application of MBM Moving Systems, LLC, 718 Creek Ridge Road, Greensboro, North Carolina 27406 for a Class E Certificate of Public Convenience and Necessity to transport commodities as follows:

Household Goods, As Defined in R. 103-210(1):

Between points and places in South Carolina (statewide authority)

A copy of the Company's Application can be obtained from the Commission at following address: Public Service Commission of South Carolina, Docketing Department, Post Office Box 11649, Columbia South Carolina 29211, or is available on the Commission's website at www.psc.sc.gov. The Application is also available through John J. Pringle, Jr., Esquire, Ellis, Lawhorne & Sims, P.A., Post Office Box 2285, Columbia, SC 29202-2285.

Any person who wishes to intervene as a party of record or wishes to be notified of the hearing but does not wish to present testimony or be a party of record should file a pleading in accordance with the Commission's Rules and Regulations on or before _____, **2009**, with the undersigned, with the Office of Regulatory Staff, Post Office Box 11263, Columbia, South Carolina 29211, and with **JOHN J. PRINGLE, JR, ESQUIRE, ELLIS, LAWHORNE & SIMS, P.A. POST OFFICE BOX 2285, COLUMBIA SC 29202-2285** and should indicate the amount of time required for the presentation. Petitions to Intervene should be filed in accordance with Commission Regulation 103-836 and **include the grounds for the intervention**. Please refer to the above Docket Number.

PLEASE TAKE NOTICE: Any person who wishes to have his or her comments considered as part of the official record of this proceeding **MUST** present comments, in person, to the Commission during the hearing.

Persons seeking information about the Commission's procedures should contact the Commission at (803) 896-5100.

Public Service Commission of SC
Attn: Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211